



**Physical Clearance Form:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Sex:  M  F

The Individual presenting this form is enrolling into a Medical Assisting program and will need a physical exam performed to assess if they can perform the necessary tasks carried out in the Medical Office. Job duties of a Medical Assistant include but are not limited to bending, twisting, pushing/pulling, assisting in the lifting, or transporting of patients from wheelchairs to exam table/chair, prolonged periods of standing/walking. Medical Assistants need to have good hand-eye coordination for medication administration, assisting in medical office surgeries/procedures, and performing clinical tasks such as ear lavage, etc.

**Urinalysis:**

Leukocytes \_\_\_\_\_ Nitrite \_\_\_\_\_ Urobilinogen \_\_\_\_\_ Albumin \_\_\_\_\_ pH \_\_\_\_\_ Blood \_\_\_\_\_

Spec. Grav \_\_\_\_\_ Keytone \_\_\_\_\_ Biliruben \_\_\_\_\_ Glucose \_\_\_\_\_ Color \_\_\_\_\_ Clarity \_\_\_\_\_

Examination		Date of Examination:	
Height:	Weight:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Bp: _____ / _____	manual <input type="checkbox"/> automatic <input type="checkbox"/>	arm: _____	Pulse: _____
Vision Screening: Corrected <input type="checkbox"/> Uncorrected <input type="checkbox"/>			
Distance Vision		Left Eye	20/
		Right Eye	20/
		Both Eyes	20/
Near Vision Screening		Left Eye	20/
		Right Eye	20/
		Both Eyes	20/

Medical Exam	Normal	Abnormal Findings
<b>Appearance</b> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
<b>Eyes/ears/nose/throat</b> Pupils equal Hearing (if hearing test is required see audiometer form for results)		
<b>Lymph Nodes</b>		
<b>Heart</b> Murmurs (auscultation standing, supine, +/- Valsalva) Location of the point of maximal impulse (PMI)		
<b>Pulses</b> Simultaneous femoral and radial pulses		

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Lungs		
Abdomen		
Genitourinary (Males Only) – Hernia Check		
Skin HSV, Lesions, suggestive of MRSA, tinea corporis		
Neurologic		
Musculoskeletal		

Cleared for Medical Assisting program – By checking this box you are indicating that the above-named individual is healthy and cleared to participate in the NOMS Medical Assisting program. You agree that the above-named individual to the best of your knowledge has the necessary coordination and physical health to carry out both clerical and clinical duties that may be required in the medical field such as but not limited to, lifting, bending, twisting, and prolonged periods of standing/walking.

Cleared for all job/school requirements without restriction with recommendations for further evaluation or treatment for:

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Not Cleared pending further evaluation

Reason:

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Recommendations:

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Name of physician or medical examiner (print/type):

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Date of Exam: \_\_\_\_\_

Signature of examining provider: \_\_\_\_\_, MD, DO, D.C, P.A, APRN NP